



AUTOMATIC BANK DRAFT AUTHORIZATION FORM

Please complete the following information and mail this form to Uttermost Sports at the address listed below.

NAME ON THE ACCOUNT

ACCOUNT NUMBER

ROUTING NUMBER

Check one: () **Checking Account**
() **Savings Account**

I want to contribute \$ _____ to Uttermost Sports monthly on the 1st / 15th (circle one)

Start date _____

ADDRESS

CITY

STATE

ZIP

I authorize Uttermost Sports to debit (draft) the account identified above each month for the amount specified above. Additionally, I authorize my financial institution identified above to debit the same amounts from my account. I understand that this authorization will be in effect until I notify Uttermost Sports, in writing, that I no longer desire to contribute.

Signature: _____

Date: _____

Send completed form to:
Uttermost Sports
P.O. Box 92216
Southlake, TX 76092